

1	2	3	4
7.	Haryana	26.2	31.2
8.	Himachal Pradesh	43.4	32.9
9.	Jammu and Kashmir	30.0	29.1
10.	Karnataka	45.6	34.1
11.	Kerala	32.5	34.2
12.	Madhya Pradesh	43.5	30.3
13.	Maharashtra	47.1	33.8
14.	Manipur	33.5	29.2
15.	Meghalaya	55.0	34.3
16.	Mizoram	41.6	37.0
17.	Nagaland	27.7	25.7
18.	Orissa	38.2	32.0
19.	Punjab	30.3	31.8
20.	Rajasthan	41.8	30.7
21.	Sikkim	37.9	37.6
22.	Tamil Nadu	49.5	38.4
23.	Tripura	31.8	30.4
24.	Uttar Pradesh	32.8	28.6
25.	West Bengal	31.6	33.8
26.	A. & N. Islands	35.8	34.9
27.	Chandigarh	36.2	41.5
28.	D. & N. Haveli	38.2	39.9
29.	Daman and Diu	39.3	30.6
30.	Delhi	39.8	34.4
31.	Lakshadweep	27.0	26.2
32.	Pondicherry	38.6	31.8
TOTAL		39.0	32.7

Ref. Report no: 409 of N.S.S.O. pertaining to 1993-94.

Unemployed Persons Registered with Employment Exchanges

2411. SHRI SANJAY NIRUPAM: Will the Minister of LABOUR be pleased to state;

(a) the number of unemployed persons both skilled and unskilled persons sepa-

ately, registered with the Employment Exchanges as on 1st January, 1998 and on 1st July, 1998;

(b) the number of persons who got employment through Employment Exchanges from 1st January, 1998 to 10th October, 1998 and figures for corresponding period of last year; and

(c) what specific new steps have been taken to generate employment opportunities in the country during the current year?

THE MINISTER OF LABOUR (DR. SATYA NARAYAN JATIYA): (a) and (b) The number of job-seekers, all of whom are not necessarily unemployed, who were on the live register of employment exchanges in the country as on 31-12-1997 and 30-6-1998 was 391.40 lakhs and 395.25 lakhs respectively. Out of these, about 82% are estimated to be without any work experience. During the period from 1.1.97 to 30.9.97 and 1.1.98 to 30.9.98, 2.03 lakhs and 1.67 lakhs placements were made by the employment exchanges.

(c) The strategy of the Ninth Plan envisages adoption of technologies which are labour intensive which are simple, cost-effective and easily adaptable in regions characterised by high rate of unemployment and underemployment, improvement in the quality of employment with special thrust on productivity. Recognising the high incidence of underemployment and increasing casualisation of labour, there is a need to enhance employment opportunities for poor. In this context, the Ninth Plan will seek to implement a National Employment Assurance Scheme.

Abolishing the Bonded Labour

2412 PROF. M. SHANKARA-LINGAM: Will the Minister of LABOUR be pleased to state:

(a) to what extent Government succeed in abolishing bonded labour in our country;

(b) whether there is any pocket of bonded labour in our country;

(c) if so, the States where such pockets prevail; and

(d) what steps Government have taken to end this codial evil?

THE MINISTER OF LABOUR (DR. SATYA NARAYAN JATIYA): (a) As many as 2.31 lakh freed bonded labourers have been rehabilitated so far.

(b) and (c) As per the survey conducted in October—December, 1996 by State Governments, about 29,000 bonded labourers have been identified in Seven States namely, Arunachal Pradesh, Bihar, Karnataka, Madhya Pradesh, Maharashtra, Tamil Nadu and Uttar Pradesh.

(d) Under the Bonded Labour System (Abolition) Act, 1976, the responsibility for identification, release and rehabilitation of bonded labourers rests with the concerned State Governments. As per the direction of Hon'ble Supreme Court, the National Human Rights Commission has also been involved to supervise and review the identification, release and rehabilitation of bonded labour. The State Governments are regularly advised to keep a watch on the emergence of bonded labour through vigilance committees constituted at District and Sub-Divisional levels and take stern action against those persons who are found keeping workers under bondage. They are also advised from time to time to take steps for the rehabilitation of the released bonded labourers.

Rationalisation of Wages and Service Conditions of Beedi Workers

2413. SHRI SATISH CHANDRA SITARAM PRADHAN: Will the Minister of LABOUR be pleased to state:

(a) whether it is a fact that rationalisation of wages and service conditions of Bidi workers is pending for a long time?

(b) the action Government propose to take for resolving their demands;

(c) whether it is a fact that due to non-provision of safety equipments by the factory owners, large number of workers

have suffered respiratory diseases and have died due to inhaling of tobacco;

(d) whether Government have made it mandatory for Bidi Manufacturers to cover Bidi Workers under Compulsory Health Insurance Scheme; and

(c) if not, whether Government will make adequate amendment in the law and grant relief to the workers?

THE MINISTER OF LABOUR (DR. SATYA NARAYAN JATIYA): (a) and (b) Wages of beedi workers are notified by the State Governments under the Minimum Wages Act, 1948. These wages are also revised from time to time by them. The Regional Labour Ministers' Conferences for Eastern, Southern, Northern and Central regions in 1994-95 recommended that there should be a degree of uniformity in minimum wages among all States and the quantum of variation should not be more than Rs. 3/-. It was, therefore, recommended that while reviewing basic rate of wages, each State should take into account the

rates of wages prevailing in adjoining States to avoid shifting of industry. The wages should also be linked with CPI and VDA should also be revised every six months. Payment in lieu of Bonus, leave with wages, National and Festival holidays should also be taken into account. The State Governments have been advised accordingly.

(c) The provision of safety equipments in factories where beedis are manufactured is covered by the Factories Act, 1948 and consequential incidences of respiratory ailments due to non-provision of such equipments are monitored by the State Governments.

(d) and (c) The Labour Welfare Organisation of Ministry of Labour maintains 208 dispensaries and 3 hospitals under the Beedi Workers Welfare Fund Act exclusively for the health care of beedi workers and their dependents. Financial assistance is also given to beedi workers for treatment of cancer, heart diseases, kidney transplant, mental dis-